

ORTHODONTIC INDEX AND EVALUATION OF OCCLUSION
NAVMED 6630/5 (1-81)

I. PATIENT IDENTIFICATION

PATIENT'S NAME – LAST, FIRST, MI		PATIENT'S DATE OF BIRTH
SPONSOR'S NAME – LAST, FIRST, MI		SPONSOR'S ROTATION DATE
SPONSOR'S DUTY STATION	EXAMINING FACILITY	

II. PROFILE *(Check one)*

☐ CONCAVE ☐ STRAIGHT ☐ CONVEX

III. ANGLE TYPE AND CLASS

A. ANGLE TYPE: <i>(Check one)</i> <input type="checkbox"/> DENTAL <input type="checkbox"/> SKELETAL <input type="checkbox"/> COMBINATION	
B. ANGLE CLASS:	OCCLUSION POINTS
1. CLASS I; OVERJET IN MM.	
2. CLASS II; DIV. 1; OVERJET IN MM.	
3. CLASS III; DIV. 2; OVERJET IN MM.	
4. CLASS IV; OVERJET IN MM.	

IV. ALIGNMENT CONSIDERATIONS

A. TOTAL MAXILLARY CROWDING OR SPACING IN MM.	
B. TOTAL MANDIBULAR CROWDING OR SPACING IN MM.	

V. CROSSBITE CONSIDERATIONS

DENTAL, SKELETAL, COMBINATION SCORE 5	
<div><input type="checkbox"/> MAX BUCCAL <input type="checkbox"/> MAX PALATAL <input type="checkbox"/> UNILATERAL <input type="checkbox"/> BILATERAL</div> } CHECK	
MAX MIDLINE SHIFT RIGHT/LEFT – SCORE IN MM.	

VI. VERTICAL CONSIDERATIONS *(Dental, skeletal, combination)*

A. ANTERIOR OPEN-BITE – SCORE IN MM.	
B. POSTERIOR OPEN-BITE – SCORE IN MM.	
C. ANTERIOR DEEP-BITE – SCORE IN MM.	
D. POSTERIOR COLLAPSED-BITE – SCORE 5	
TOTAL OCCLUSION POINTS	

VII. EXAMINER'S OPINION OF SEVERITY/PRIORITY AS RELATED TO IDEAL TREATMENT TIME *(Check one)*
☐ STAT ☐ 6-12 MONTHS ☐ OBSERVATION ☐ OTHER _____

VIII. COMMENTS/PROGNOSIS

IX. EVALUATION CRITERIA

CHECK THE SYMPTOMS AND SIGNS OF PHYSICAL OR PSYCHOLOGIC CONDITIONS THAT YOU OBSERVE IN THIS PATIENT.

ENTER COMMENTS BELOW CONCERNING EVALUATION CRITERIA.

(Indicate related paragraph number)

1. DEFINITELY NOTICEABLE DENTOFACIAL ABNORMALITY THAT EVOKES STRONG REACTIONS FROM OTHERS: REPULSION, JOKES, PITY, CURIOSITY, DELIBERATE AVOIDANCE, OR UNDUE STARING. EXAMPLES OF ABNORMALITIES THAT MIGHT BE SEVERE ENOUGH TO EVOKE SUCH REACTIONS ARE:

- ☐ EXTREMELY "CROOKED" FRONT TEETH
- ☐ EXCESSIVELY SPACED FRONT TEETH
- ☐ MARKEDLY PROTRUDING UPPER JAW AND TEETH
- ☐ MARKEDLY PROTRUDING LOWER JAW AND TEETH
- ☐ UPPER AND LOWER TEETH PROTRUDING SO MUCH THAT LIPS CANNOT BE BROUGHT TOGETHER
- ☐ UNDERDEVELOPED LOWER JAW AND TEETH, RECEDING CHIN
- ☐ MARKED ASYMMETRY OF LOWER FACE
- ☐ CLEFTS OF LIP OR FACE
- ☐ OTHER *(Explain in comments space on right)*

2. SEVERE PERSONALITY MALDEVELOPMENT AND DEFICIENT SELF-IMAGE RELATED TO DENTOFACIAL ABNORMALITY. EXAMPLES OF SUCH NEGATIVE EFFECTS ARE:

- ☐ SOCIAL WITHDRAWAL
- ☐ COVERING OF FACE AND MOUTH WITH HAND, SELF-CONSCIOUSNESS
- ☐ LACK OF SMILING DUE TO EMBARRASSMENT AT REVEALING TEETH
- ☐ AVERTING OR LOWERING HEAD WHILE SPEAKING
- ☐ OTHER *(Explain in comment space on right)*

3. OBVIOUS TISSUE DAMAGE IN THE MOUTH RELATED TO BAD BITE

- ☐ BLEEDING GINGIVA
- ☐ MARKED RECESSION OF GINGIVA
- ☐ LOOSENED PERMANENT TEETH
- ☐ OTHER *(Explain in comment space on right)*

4. OBVIOUS DIFFICULTY IN EATING

- ☐ LIQUID OR SEMISOLID (SOFT) DIET REQUIRED
- ☐ PAIN IN JAW JOINTS WHEN EATING
- ☐ EXTREME GRIMACING OR EXCESSIVE MOTIONS OF THE ORAL-FACIAL MUSCLES DURING SWALLOWING
- ☐ SOCIALLY UNACCEPTABLE BEHAVIOR DURING EATING BECAUSE OF NECESSARY COMPENSATION FOR ANATOMIC FACIAL DEVIATIONS
- ☐ OTHER *(Explain in comment space on right)*

5. OBVIOUS BREATHING DIFFICULTIES

- ☐ CHRONIC MOUTH BREATHING DUE TO MALOCCLUSION OR FORM OF JAWS
- ☐ UNUSUALLY LONG LOWER FACE WITH LIPS THAT CANNOT BE BROUGHT TOGETHER
- ☐ POSTURAL ABNORMALITIES WITH BREATHING DIFFICULTY (HEAD FORWARD AND EXTENDED "ROUND-SHOULDERED" APPEARANCE)
- ☐ OTHER *(Explain in comment space on right)*

6. OBVIOUS SPEECH DEFECT

- ☐ LISPING OR OTHER SPEECH ARTICULATION ERRORS IN CHILDREN 9 YEARS OLD OR OLDER THAT MIGHT BE DIRECTLY RELATED TO ORAL-FACIAL ABNORMALITY (INCLUDING DEVIATIONS OF TOOTH POSITION)
- ☐ OTHER *(Explain in comment space on right)*

SIGNATURE AND TITLE OF EXAMINER

DATE